

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R::	None
Sequence submission:	None
Computer Readable Form (CRF)::	None
Number of copies of CRF::	None
Title::	Apparatus and Method for an Ultrasonic Medical Device Operating in Torsional and Transverse Modes
Attorney Docket Number::	20563/2432
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3
Total Drawing Sheets::	10
Small Entity::	Yes
Petition Included::	Yes
Secrecy Order in Patent	No
Application?::	

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity

Given Name:: Robert
Middle Name:: A.
Family Name:: Rabiner
City of Residence:: North Reading
State or Providence of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 14 Equestrian Drive
City of Mailing Address:: North Reading
State or Province of Mailing Address:: MA
Postal or Zip Code of Mailing Address:: 01864

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Bradley
Middle Name:: A.
Family Name:: Hare
City of Residence:: Chelmsford
State or Providence of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: A-2 30 Worthen Street
City of Mailing Address:: Chelmsford
State or Province of Mailing Address:: MA
Postal or Zip Code of Mailing Address:: 01824

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Rebecca

Middle Name:: I.
Family Name:: Marciante
City of Residence:: North Reading
State or Providence of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 9 Green Street
City of Mailing Address:: North Reading
State or Province of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01864

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Mark
Middle Name:: J.
Family Name:: Varady
City of Residence:: Andover
State or Providence of Residence:: Massachusetts
Country of Residence:: USA
Street of Mailing Address:: 800 Bulfinch Drive, Apt. 308
City of Mailing Address:: Andover
State or Province of Mailing Address:: MA
Postal or Zip Code of Mailing Address:: 01810

Correspondence Information

Correspondence Customer Number:: 29934

Representative Information

Representative Information Number::	29934
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: OmniSonics Medical Technologies, Inc.